

FINANCIAL DATA SHEET

CURRENT MONTHLY INCOME			MONTHLY EXPENSES	
	Client	Other (spouse)		
Monthly take home pay	\$ _____	\$ _____	Rent or House Payment	\$ _____
Social Security, pension, retirement	\$ _____	\$ _____	Water & Trash	\$ _____
AFDC, Food stamps, WIC	\$ _____	\$ _____	Electricity	\$ _____
Unemployment and/or Disability	\$ _____	\$ _____	Gas	\$ _____
Other Income	\$ _____	\$ _____	Telephone	\$ _____
			Cable TV	\$ _____

MONTHLY EXPENSES CONTINUED (i.e. car payments, credit cards, medical payments, other loans etc.)		
Who do you owe?	Balance Owed	Monthly Payment
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Net Difference (Income minus Expenses):\$ _____

I certify that the foregoing is a complete and accurate statement of my financial situation and that I have no other additional income or assets whatsoever. You have my express permission to verify the information furnished. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature _____

DATE ____/____/____

ORDER

- ☐ The \$60 cost for services rendered is imposed.
- ☐ The court finds the defendant does not have the ability to pay for services rendered.

Date _____

Judge